

# Needs Assessment for the Title-IV Safe and Drug-Free Schools Program

## Frequently Asked Questions and Checklist

The answers to the following FAQs are designed to help you complete the needs assessment required for the Safe and Drug-Free Schools (SDFS) Program application. A checklist is provided on the last two pages. If you need further assistance, please contact your SDFS Grant Adviser.

### 1. What is needs assessment?

Needs assessment for SDFS involves two key activities:

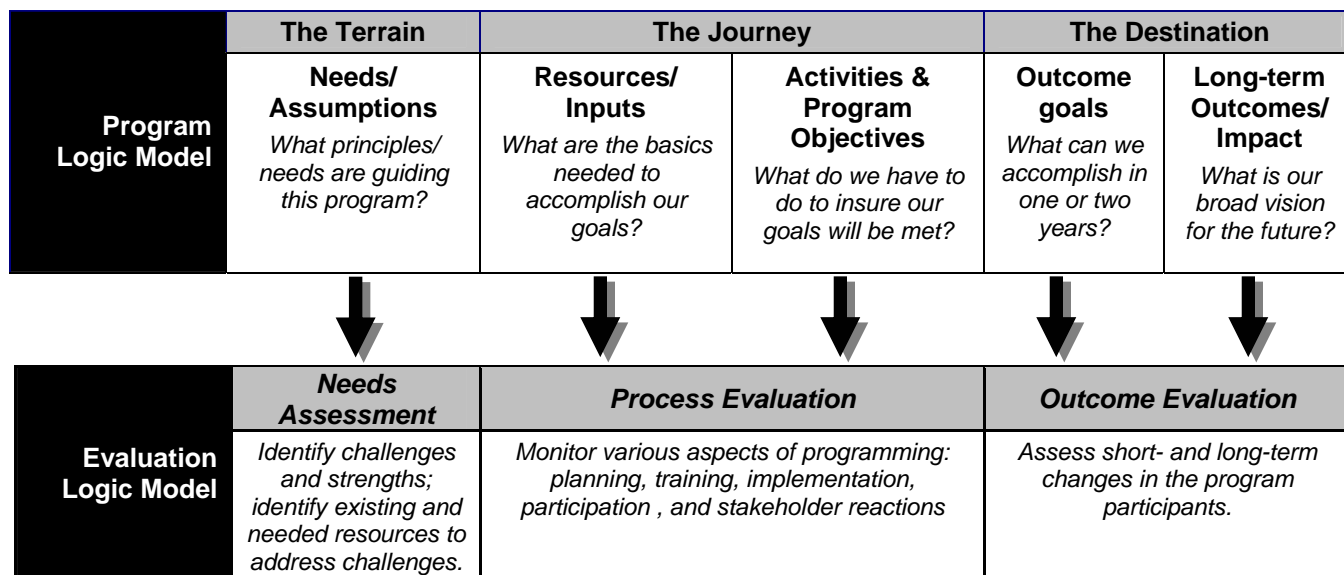
- **Identify challenges and strengths** related to youth alcohol, tobacco and other drug (ATOD) use and violence/safety in the schools and community.
- **Identify gaps in resources** to address identified challenges.

### 2. How does needs assessment fit into SDFD programming?

The big picture of a prevention *program*<sup>1</sup> is often provided as a conceptual picture or “logic model.” The basic elements of a SDFS “program” logic model are provided in the top table. Each column includes an essential element for successful programming, beginning with program needs/assumptions, followed by resources and activities, and outcomes. The program logic model is not unlike a road trip, in which you must understand the “terrain” (e.g., clarify needs/assumptions) and take the “journey” (provide program resources and activity) before one can reach the intended “destination” (the student outcomes).

With each element of the program logic model there is a corresponding evaluation logic model, in the bottom table, to help monitor the quality and execution of the program logic model. In other words, evaluation is critical at each step of the programming process – it is not something that should be done only after the program is completed.

As you’ll notice, needs assessment is the first evaluation activity. The roads leading toward healthier students is much easier to navigate with a clear sense of the terrain.



<sup>1</sup> The term “program” may include any organized action, including (but not limited to) curricular programs, activities, service provision, educational services, prevention strategies, public policies, and research programs.

### 3. What types of information should be used to assess needs for SDFS programming?

Three types of information should be included in your SDFS needs assessment:

- Risk behaviors
- Risk factors and protective factors
- Contextual factors

**Risk behaviors** are behaviors that (a) contribute to the leading causes of morbidity and mortality among youth and adults, (b) often are established during youth, (c) extend into adulthood, (d) are interrelated, and (d) are preventable. Examples of risk behaviors for SDFS needs assessment include:

- Behaviors that contribute to violence, such as recent physical fighting or weapon carrying
- Tobacco use, such as recent (past 30-day) use, lifetime use, regular use
- Alcohol and other drug use, such as recent use and lifetime use

**Risk factors and Protective factors** are any circumstances that increase youths' likelihood of engaging in risky behaviors (risk) or promote healthy youth behaviors and decrease the chance of engaging in risky behaviors (protective). For examples of risk and protective factors, visit *Helping America's Youth* (the White House), at: <http://guide.helpingamericasyouth.org/programtool-factors.cfm>.

**Contextual factors** are local community conditions that help explain why things are the way they are. They are often considered the root causes of health problems in communities. Examples of contextual factors include:

- |             |                |                                       |
|-------------|----------------|---------------------------------------|
| • History   | • Boundaries   | • Issues around planning              |
| • Norms     | • Demographics | • Prevention infrastructure/workforce |
| • Economy   | • Politics     | • Resources                           |
| • Geography | • Policies     | • Supply and demand                   |

### 4. Where do I find information to be used in a needs assessment for SDFS programming?

There are several sources to obtain information about risk behaviors, risk/protective factors, and contextual factors. The following are suggestions provided by ODCP:

- **Evaluation(s)** of SDFS goals and objectives
- **Reports on support services for students** (e.g. student assistance referrals)
- **Law enforcement data** (e.g., number of youth arrests, types of violations)
- **Juvenile court data** (e.g., number of youth convictions, types of convictions)
- **Student self-report survey results** of ATOD and violent behavior (e.g., [Michigan Profile for Healthy Youth - MiPHY](#))
- **Student discipline reports** for violence, safety,
- **Student suspension and dropout data**
- **Referrals to outside agencies** for treatment services
- **Focus groups and interviews**
- **Health data** (e.g., students with drug-related problems treated/referred at a teen health center)

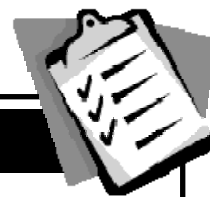
### 3. What are the steps to conduct a needs assessment for SDFS programming?

See the checklist on the following pages.

### 4. How do I report needs assessment in the SDFS application?

Once you've completed the needs assessment checklist on the following pages, access the SDFS application in the Michigan Electronic Grant System (MEGS). In Section 2, "*Summary of Needs Assessment and Interpretation of Data*," do the following:

- ☐ In Section "2b", list each targeted risk behavior and for each, insert the narrative summaries from Step 4 ("But Why?") and Step 5 ("But Why Here?") of the needs assessment checklist.
- ☐ In Section "2a", attach/insert the "problem statement" for each targeted risk behavior from Step 3 of the needs assessment checklist.



## SDFS Needs Assessment Checklist<sup>1</sup>

### 1. Maximize the clarity of the needs assessment

- ☐ **Involve your SDFS Advisory Council.**
- ☐ **Include “data” people** on the SDFS Advisory Council.
- ☐ **Include risk behaviors (ATOD and violence), risk/protective factors, and contextual factors.**
- ☐ **Use data that are:**
  - ☐ reliable and valid.
  - ☐ from a variety of sources.
  - ☐ quantitative (e.g., statistics) and qualitative (e.g., compelling stories).
  - ☐ collected over multiple time periods (trend data).
  - ☐ comparable to regional, state, and/or national sources (benchmark data).
- ☐ **Use common, meaningful, user-friendly metrics** (e.g., %s).

### 2. Keep the process focused and productive

- ☐ **Identify one risk behavior problem at a time.**
- ☐ **Avoid blame.** (e.g., the problem is “young people in our neighborhood do not have enough positive activities” rather than “the kids here have nothing to do and are trouble makers.”)
- ☐ **Avoid naming specific solutions.** (e.g., the problem is not “we don’t have a youth center”—the problem may be “young people in our neighborhood are getting into trouble during afterschool hours” for which a youth center may be one element of an overall solution.)
- ☐ **Define the problem by the behaviors and conditions that affect it.** Good problem statements frame the issue as either not enough good conditions/behaviors or too many bad conditions/behaviors (e.g., “Too many young adults are using marijuana.”).
- ☐ **Reflect school/community concerns** as heard during the assessment process.
- ☐ **Keep good notes.** They’ll provide a record of the decision-making process for evaluation purposes.

### 3. Identify key risk behaviors of violence and/or ATOD use

- ☐ **Review** results on ATOD and violence risk behaviors
- ☐ **Ask** the group to brainstorm a list of the most problematic risk behaviors.
- ☐ **Discuss** any connections between risk behaviors using evidence from data – take notes.
- ☐ **Vote** on the top two or three risk behaviors – take notes about why.
- ☐ **Report** each top risk behavior as a problem statement, with accompanying evidence.  
*Example: “Too many young adults are using marijuana. Among high school students, self-reported marijuana use in the past 30 days has increased 5% over the past four years (2004: 15% vs. 2008: 20%) and now exceeds the state average of 18%.*

● Continued on next page ●

<sup>1</sup> Adapted from: National Community Anti-Drug Institute Primer Series. Available at: [http://www.coalitioninstitute.org/coalition\\_Resources/PrimerSeriesHome.asp](http://www.coalitioninstitute.org/coalition_Resources/PrimerSeriesHome.asp)



## SDFS Needs Assessment Checklist<sup>1</sup>

### 4. For each risk behavior, answer the question, “But why (this risk behavior)?”

- ☐ **Review** available data on risk and protective factors.
- ☐ **Write** the key risk behavior in the middle of a large piece of flip chart paper. Use a separate page for each risk behavior.
- ☐ **Ask** the group to brainstorm a list of risk/protective factors linked to the risk behavior(s) by asking, “But why (this risk behavior)?” Use data to review risk and protective factors; consider how risk and protective factors operate – take notes.
- ☐ **List** the risk/protective factors on the flip chart next to the risk behavior.
- ☐ **Vote** on the top two or three risk/protective factors. Take notes about why.
- ☐ **Write** a summary of the data, including statistics, associated with the top risk/protective factors.  
*Example: “High levels of marijuana use among high school students seems linked to their perceptions of easy access to marijuana and low perceived harm in using marijuana. Both of these risk factors were higher for high school students in 2008 (perceived easy access: 35%; perceived harm: 40%) than in 2004 (perceived easy access: 45%; perceived harm: 50%).”*

### 5. For each risk/protective factor, answer the question, “But why here (in our community)?”

- ☐ **Review** available data on contextual factors.
- ☐ **Use** the results of the “But why?” exercise and select an identified risk/protective factor.
- ☐ **Ask** the group to brainstorm contextual factors linked to the risk/protective factor by asking, “But why here in our community?”
- ☐ **List** the contextual factors on the flip chart next to the risk/protective factor.
- ☐ **Vote** on the top two or three contextual factors. Take notes about why.
- ☐ **Write** a summary of the data, including statistics, associated with the top contextual factors.  
*Example: “High school students perceptions of easy access to marijuana seem connected to a lot of drug dealers who are not students in the district, but have been seen by students and staff near after-school events and who have made friends with several of our district students. Our students’ perceptions of little or no harm from using marijuana can be attributed to several factors: (a) less emphasis on the dangers of marijuana use in our new health education curriculum (vs. the old curriculum), (b) a large influx of new students in the district (over 100) who have not been exposed in previous grades to any health lessons about the dangers of marijuana use, and (c) a lower percentage of new students who felt connected to school (35%) compared to students in the district for at least two years (58%).”*

### 6. Determine which risk behavior(s) will be the focus of your SDFS grant by considering:

- ☐ **Importance:** How important is this behavior to key stakeholders?  
☐ Very Important    ☐ Important    ☐ Somewhat important    ☐ Not at all important
- ☐ **Impact:** How much will a change in this risk behavior improve the health and safety of our youth?  
☐ A lot    ☐ Quite a bit    ☐ Not much    ☐ Not at all
- ☐ **Effort:** How much in human and physical resources and expertise is needed to reduce this risk behavior among our youth?  
☐ Too much (with SDFS funding)    ☐ Quite a bit    ☐ Not much    ☐ Not at all
- ☐ **Collaboration:** Can the behavior be addressed more effectively by having other sectors (e.g., health community) lead or collaborate in the effort?  
☐ Others lead, we collaborate    ☐ We lead, but collaborate    ☐ We lead, no collaboration

<sup>1</sup> Adapted from: National Community Anti-Drug Institute Primer Series. Available at: [http://www.coalitioninstitute.org/coalition\\_Resources/PrimerSeriesHome.asp](http://www.coalitioninstitute.org/coalition_Resources/PrimerSeriesHome.asp)